

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL TONY WIED FOR CONGRESS			
ADDRESS (number and street) PO BOX 5003			
CITY DE PERE	STATE WI	ZIP CODE 54115	
2. NAME OF CANDIDATE WIED, TONY, , MR,		3. OFFICE SOUGHT (State and District) House WI 08	
4. FEC IDENTIFICATION NUMBER C00875518			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE MAILING ADDRESS 8484 WESTPARK DRIVE; SUITE 500 <table style="width: 100%;"> <tr> <td style="width: 25%;">CITY TYSONS</td> <td style="width: 25%;">STATE VA</td> <td style="width: 25%;">ZIP CODE 22102</td> </tr> </table>	CITY TYSONS	STATE VA	ZIP CODE 22102	Name of Employer Transaction ID : 141406706 Occupation	Date (month, day, year) 10/31/2024	Amount 2500.00
CITY TYSONS	STATE VA	ZIP CODE 22102				
B. FULL NAME KANSANS FOR LATURNER MAILING ADDRESS PO BOX 67237 <table style="width: 100%;"> <tr> <td style="width: 25%;">CITY TOPEKA</td> <td style="width: 25%;">STATE KS</td> <td style="width: 25%;">ZIP CODE 66667</td> </tr> </table>	CITY TOPEKA	STATE KS	ZIP CODE 66667	Name of Employer Transaction ID : 141492418 Occupation	Date (month, day, year) 10/31/2024	Amount 2000.00
CITY TOPEKA	STATE KS	ZIP CODE 66667				
C. FULL NAME KANSANS FOR LATURNER MAILING ADDRESS PO BOX 67237 <table style="width: 100%;"> <tr> <td style="width: 25%;">CITY TOPEKA</td> <td style="width: 25%;">STATE KS</td> <td style="width: 25%;">ZIP CODE 66667</td> </tr> </table>	CITY TOPEKA	STATE KS	ZIP CODE 66667	Name of Employer Transaction ID : 141492426 Occupation	Date (month, day, year) 10/31/2024	Amount 2000.00
CITY TOPEKA	STATE KS	ZIP CODE 66667				
D. FULL NAME HINMAN, ROY, H, , MAILING ADDRESS 100 ARRICOLA AVE <table style="width: 100%;"> <tr> <td style="width: 25%;">CITY ST AUGUSTINE</td> <td style="width: 25%;">STATE FL</td> <td style="width: 25%;">ZIP CODE 32080</td> </tr> </table>	CITY ST AUGUSTINE	STATE FL	ZIP CODE 32080	Name of Employer INFORMATION REQUESTED Transaction ID : 141641397 Occupation INFORMATION REQUESTED	Date (month, day, year) 10/31/2024	Amount 3300.00
CITY ST AUGUSTINE	STATE FL	ZIP CODE 32080				
E. FULL NAME TROY DOWNING FOR CONGRESS MAILING ADDRESS PO BOX 322 <table style="width: 100%;"> <tr> <td style="width: 25%;">CITY HELENA</td> <td style="width: 25%;">STATE MT</td> <td style="width: 25%;">ZIP CODE 59624</td> </tr> </table>	CITY HELENA	STATE MT	ZIP CODE 59624	Name of Employer Transaction ID : 141641398 Occupation	Date (month, day, year) 10/31/2024	Amount 1000.00
CITY HELENA	STATE MT	ZIP CODE 59624				

SIGNATURE (optional) CRATE, BRADLEY, T, ,	DATE 11/02/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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1. NAME OF COMMITTEE IN FULL TONY WIED FOR CONGRESS ADDRESS (number and street) PO BOX 5003 CITY, STATE, and ZIP CODE DE PERE WI 54115				continuation page	
2. NAME OF CANDIDATE WIED, TONY, , MR,		3. OFFICE SOUGHT (State and District) House WI 08			4. FEC IDENTIFICATION NUMBER C00875518
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON					
A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC') 1250 I STREET, NW #1100 WASHINGTON DC 20005		Name of Employer Transaction ID : 141641399 Occupation		Date (month, day, year) 10/31/2024	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year)	Amount